

Animal Control at PAWS
752 Lovejoy Rd NW, Fort Walton Beach, Fl, 32548
850-243-1525
animalcontrol@paws-shelter.org

AFFIDAVIT OF COMPLAINT

Any person who knowingly gives false information may be prosecuted under Chapter 837, F.S.

Complainant's Name:	Phone Number:
Address:	

I hereby request that Animal Control at PAWS investigate and, if valid, issue a citation to the pet owner listed below. I have personally witnessed the following incident:

Attach additional pages if necessary

Date of Occurrence:	Time:
Description of Animal(s):	
Owner's Name:	Phone Number:
Address:	

I understand that by giving this sworn statement it will be necessary for me to appear before the Okaloosa County Circuit Judge if this citation is contested or if the defendant's appearance before the Circuit Court is mandatory.

Complainant's Signature:

Sworn to and subscribed before me this _____ day of _____, 20__ by _____

Who is personally known to me or has produced (driver's license, state ID, etc.)

My Commission expires _____

Notary Public, State of Florida Okaloosa County